Central MRS Meeting Notes November 17, 2006 Randolph County DSS

<u>Counties Present</u>: Anson, Cabarrus, Cumberland, Person, Randolph, Rockingham, Rowan.

Introductions News Report on:

7 Strategies
Assignment of cases
Switching tracks
Blended caseloads
Shared Parenting

<u>News</u> - from the Differential Response Conference in San Diego How are other states doing and how does NC compare?

- Only 15 states doing differential response as defined by the federal government
- 5 or 6 other states that have an outreach path where they offer voluntary services
- 2 states started differential response and have gone back
- NC one of only 11 states that has gone statewide
- NC one of 3 states that has an age criteria in any aspect of their policy
 - o 2 other states will not take as family assessment if kids under 8
- Some other states will not take family assessment if there are previous reports on the family
- Everyone takes sex abuse physical abuse and death as investigative assessment
- NC is one of 5 that can assign serious neglect to family assessment track
- Drug exposed infants one of 11 that will take it as family assessments
- Some of the reasons that people don t take as family assessment suspected meth labs, institutional reports, foster care
- NC is one of 6 that allows switching tracks from investigative down to family all can switch up from family to investigative
- NC is one of 10 that has statutes to support the MRS some of the states that tried it and went back was because there were no statutes to support their practice
- NC had 4 workshops worker presented on DV, AFI presented on principles of partnership
- We need to see the significance of what NC is doing in comparison to the rest of the nation
 - Many states have 2 tracks that they can assign reports to. We have an overall strategy for system reform.
 - We have the 7 strategies to overhaul the child welfare system. WE are not just doing one new type of assessment, but a whole new process.
- Holly, Sara and Betty presented on the idea that one size does not fit all
- Missouri and Minnesota are still seen as the pioneers and the leaders here.
 But some people are starting to see that NC is in there too.

 We are leading in the number of cases that we take as family assessments, which says a lot about where we are and where we are willing to go

Reporting out on progress on the 7 strategies:

Collaboration between CPS and Work First

Structured Intake unless there are issues, this is a freebie everyone is doing it

Dual Response

Collaboration with Law Enforcement

In Home Redesign

Child & Family Teams

Shared Parenting

Randolph

<u>CPS/WF</u> working well share common cases which gets services faster for families

<u>Dual Response</u> all neglects are taken as family assessment

<u>Law Enforcement</u> - new sheriff in Dec so will have to rebuild relationships In Home redesign working on

<u>CFT</u> - working on: they have no funds to hire a facilitator so working on getting all staff trained

<u>SP</u> have had one training, no meetings yet but some foster families very receptive and already doing it.

Cumberland - Feel they are in a unique position, as they had been somewhat reluctant to implement family assessments not terribly far with any of it but are working on it now.

<u>CPS/WF</u> have 4 WF workers trained to do family assessments as backup. Invited to meetings although they can t always make it

<u>Dual Response</u> 3 of 12 units that are doing family assessment, planning to shift and reassign staff to implement agency-wide

Law Enforcement very good collaboration that was in place before MRS.

<u>CFT</u> - only 1 facilitator in their county, has been a challenge to have all the high and intensive cases facilitated since just one facilitator and a huge county

<u>SP</u> started a year ago, it fell off, going to ramp up again. Looking at possible barriers and the social workers want to be sure to protect the Foster Parents.

Rockingham

<u>CPS/WF</u> WF at a lot of CFTs and they do a lot of joint home visits. Sent some WF to facilitator training

<u>Dual Response</u> since they started in Feb they jumped in with both feet and have not looked back

<u>Law Enforcement</u> has always been good for them, have elected a new DA who promised to prosecute child molesters, he used to be contracted with the DSS as their attorney so he has an understanding of DSS

<u>In Home redesign</u> working on it, made a lot of progress. Not blended right now CFT - workers love them

<u>SP</u> Foster Care workers doing it and CPS workers may also sometimes do the meetings if the family has not yet been assigned to a FC worker. Seems to be going smoothly

Rowan

- <u>CPS/WF</u> open communication is about all at this point, going to work with the state DSS WF rep. WF and CPS in different buildings
- <u>Dual Response</u> since February, don t switch tracks much, 5 of 13 workers do family assessments as of Dec 1, still excited about it
- <u>Law Enforcement</u> doing it since 1997, quarterly law enforcement meetings that go well that includes DA office and guardian ad litems. Have a community protocol that was developed after 3 deaths several years ago. Any marks require automatic law enforcement presence for the assessments. Also have their own drug exposed infants policy.

In Home redesign going really well

- <u>CFT</u> have used an adoption worker to do part time facilitation, have a facilitator that works only with foster care
- <u>SP</u> problem is getting the parents to the table. Can usually get someone to the table, may be a relative or someone else who is knowledgeable about the child. Can t get parents there within 7 days (many petitions are for SA and so they can t find parents

Anson going slowly

<u>CPS/WF</u> individually person to person going well, no formal protocol
 <u>Dual Response</u> taking neglect as family assessment, will switch later if necessary
 <u>Law Enforcement</u> - working well, have a couple of SW who are married to policemen which helps making the informal connections

In Home redesign -

<u>CFT</u>

SP

In the process of writing a job description to hire a facilitator and right now no real action on the last 3

Cabarrus

- <u>CPS/WF</u> some, in same bldg so they do talk to each other but, no joint visits or anything
- <u>Dual Response</u> just started in July with family assessments, all neglect are not taken as family assessment, they have their own county protocols (like DV), almost everyone trained to do family assessments
- <u>Law Enforcement</u> have historically had a good relationship, a couple of times they have been able to do a joint interview

In Home redesign - ok

- <u>CFT</u> have informal meetings because no facilitator yet, but have heard that there is money in next year s budget to get one
- SP just started

Person

<u>CPS/WF</u> joint visits, CPS using some WF money

<u>Dual Response</u> most workers trained at this point, taking a good number of cases as family assessment

<u>Law Enforcement</u> have a person from DAs office that comes to their meetings once a month, do some joint interviews

In Home redesign fairly well

<u>CFT</u> - 2 facilitators one is also a foster care worker, one also does intake; others will cover their other jobs so they can facilitate

<u>SP</u> don t always get in with in 7 days, Foster Parents are enthusiastic about it, good relationships, have facilitators at these meetings as well. The birth parents are often willing to take advice from FP that they won t take from the social workers

Wherever you are in your practice is ok, as long as you know where you are and are aware of what needs to be done.

Assignment of cases if there are cases that would be eligible for family assessment but you have decided in your county that you are taking them as investigative, why and which ones?

Randolph as of 11/1 all neglect is family assessment. Started with lack of supervision and then added improper care. No exceptions at this point, talking about DV but trying it as family assessment.

<u>Cumberland</u> did their assignment differently they rolled out 100% within a unit. Started assigning DV as investigative, but now assign them as family assessments if possible.

Rockingham started doing DV as investigative, but switched in May to doing them as family assessment and its working fine. The only other cases they do as investigative are people that have significant history—like a parent they have done TPR on before and she has a new baby and there is a report form the hospital. Or if the report included unsecured guns in the house with child having access, they take LE with them and in that case they do it investigative—since they show up to the door with the cops.

Rowan - As of 12/1 will take more cases as family assessment. They are struggling with how to collaborate with Law Enforcement and be able to take cases as family assessments (their county protocols require a lot of mandatory collaboration with Law Enforcement).

Randolph had a case with bruising split family and mom initiated the involvement with LE (dad was the accused perp) but DSS is taking it as family assessment even though dad has been criminally charged. However in this case DSS was not the one who initiated the LE involvement.

Anson DV is going investigative, SA they have been doing as family assessment

<u>Cabarrus</u> lack of supervision for children 6 and under, SA with children 6 and under is also investigative, all DV is investigative, medical neglect certain kinds also

investigative. If there are multiple children and some are over 6 but some younger, may take that as family assessment, depending on the overall circumstances

<u>Person</u> doing more family assessments, but may switch tracks (to investigative) if they get additional reports while they are assessing

Switching tracks what makes you switch other than when you start with a family assessment and something develops that mandates a switch (by policy)?

Person nothing besides what just mentioned

<u>Cumberland</u> they had decided that workers would keep family assessment cases into 215 so workers were wanting to switch to investigative so they could transfer it. They felt otherwise they would be overwhelmed. Trying to take a closer look at cases that are switched and document all reasons so that they can be sure that switching is in the best interest of the family.

<u>Rockingham</u> little switching unless policy mandates. Don t switch down, they just unsubstantiated.

<u>Anson</u> have switched from investigative to family assessment when the initial report was untrue but realized there were some real issues with the family.

<u>Cabarrus</u> rarely switch unless mandated by policy

In-Home Redesign this reflects our hope for overall system change. For in-home the difference is how often you see the high and intensive risk cases versus the moderate and low. This applies the most resources to cases with the highest need.

- Rowan frontloading services. Once they really emphasized this they have had a large increase in findings of services provided, protective services no longer needed
- Blended caseloads also ensure frontloading of services because assessment worker knows she can t pass it off to a case manager.
 - Cumberland keeps case from 210 to 215
 - Randolph keeps for moderate and low cases, all investigative, high and intensive cases are transferred.
 - Anson 210 workers keep voluntary service cases.
- For those not blending why?
 - Rockingham just got staffed and want to start workers out slow so they don t panic and leave
 - Randolph concerned about case size even though they do keep cases on occasion
 - Holly recommended calling Guilford county for suggestions on how to manage blending caseloads.

Shared Parenting

• Cumberland, Person, and Rockingham have each done some meetings

Other Discussion

Question was asked about a recent appeals court ruling regarding a case in Pender County.

 Patrick said that appeals ruling will not affect our practice at all, he hasn t read the whole thing, but according to Division attorneys this does not affect DSS state policy and practice because we are in line with the ruling.

Question asked about SIDS and how we were supposed to handle it.

- Any fatality where there are surviving children according to policy must be investigative if it is accepted as a report (however, it does not have to be accepted). Because you don't know until the autopsy for certain the cause of death.
- The only thing on the structured assessment that mandates you taking the case is drug positive infants.
- A true ruling of SIDS includes not only an autopsy but an investigation. The ME s office encourages every fatality to be reported to DSS, even if it is a car accident. This will lead to more complete investigations.

Randolph has been getting reports that mom is tests positive for drugs but there was no screen on the baby. Policy says you will accept if a child that tests positive, but not the mom. Have to tell hospitals that they will need to test a child. Looking for help as to how they can deal with that.

 Suggestion: Can ask the hospital if they have observed any behavior on the pat of the mother while she was in the hospital that would being into question her ability to parent?

What is a good way to explain to a reporter why use of drugs by a parent in and of itself is not a reason to come out and that their report will be screened out?

- Explain that DSS concern is with the safety and well being of the child and ask if they know of circumstances where the parent has made decisions that the child has been in danger or neglected, etc. Sometimes that helps them. Can also explain statutory requirements.
- Realize that this will not satisfy some people who will never understand that we are not law enforcement nor the moral police.
- Have to educate the community.

Structured Intake everyone said this was going well. Patrick wanted to know if counties were having success getting reporters to provide family strengths.

- For the most part, yes when the reporters are other professionals.
- Sometimes harder with the general public, but usually can get with prompting.
- Have had some people start with strengths when calling to report.

Risk Assessment Tool some of the original states that developed this tool are talking about taking another look at the scale and possibly revising it. This would not be anytime soon, but may be on the horizon.

Chapter 8 manual revision scheduled to be finished next week and presented to Children's Services Committee in December. January would be the earliest release.

Future Meetings - Holly is setting these up and will email folks.